

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10834 **CERTIFICATE OF DEATH**

10800

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Emmitsburg</u>		LENGTH OF STAY (In this place) <u>59 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Emmitsburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>West Main</u>				STREET ADDRESS (If rural give location) <u>West Main</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph Dwen Adelsberger</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 17, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 20, 1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Emmitsburg, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Francis Adelsberger</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Baker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>7/25/17-6/4/19 220-09-8131</u>		17. INFORMANT & ADDRESS <u>James O. Adelsberger, Emmitsburg, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>443x Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Hypertensive cardiac vascular disease</u>				<u>several years</u>			
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 17, 1955</u> to <u>Nov 17, 1955</u> that I last saw the deceased alive on <u>Nov 17, 1955</u> and that death occurred at <u>1:30 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. K. Cagle</u> M.D. <u>Emmitsburg, Md.</u> DATE SIGNED <u>11-18-55</u> ADDRESS (Street, city, town, state)							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 19, 55</u>		NAME OF CEMETERY OR CREMATORY <u>St Josephs Catholic</u>		LOCATION (City, town, or county) (State) <u>Emmitsburg, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>NOV 21 1955</u>		REGISTRAR'S SIGNATURE <u>A. H. Reduck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	
				S. L. Allison			

10236

10236 CERTIFICATE OF DEATH

Form No. 10

1. DECEASED'S NAME (Last, first, middle initial)

2. DECEASED'S SEX (Male or Female)

3. DECEASED'S AGE (Years, months, days)

4. DECEASED'S BIRTH DATE (Month, day, year)

5. DECEASED'S BIRTH PLACE (City, State, Country)

6. DECEASED'S OCCUPATION

7. DECEASED'S MARITAL STATUS (Single, Married, Widowed, Divorced)

8. DECEASED'S RACE

9. DECEASED'S RELIGION

10. DECEASED'S EDUCATION

11. DECEASED'S SOCIAL SECURITY NUMBER

12. DECEASED'S MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, Unknown)

13. DECEASED'S CAUSE OF DEATH (Immediate, Underlying, Contributing)

14. DECEASED'S PLACE OF DEATH (Home, Hospital, Nursing Home, etc.)

15. DECEASED'S DATE OF DEATH (Month, day, year)

16. DECEASED'S TIME OF DEATH (Hour, minute)

17. DECEASED'S SIGNATURE (Printed name)

18. DECEASED'S ADDRESS (Street, City, State, Zip)

19. DECEASED'S PHONE NUMBER

20. DECEASED'S NEXT OF KIN (Name, Address, Phone Number)

21. DECEASED'S EMPLOYER (Name, Address, Phone Number)

22. DECEASED'S FUNERAL HOME (Name, Address, Phone Number)

23. DECEASED'S BURIAL PLACE (Cemetery, Plot, etc.)

24. DECEASED'S DATE OF BURIAL (Month, day, year)

25. DECEASED'S TIME OF BURIAL (Hour, minute)

26. DECEASED'S SIGNATURE (Printed name)

27. DECEASED'S ADDRESS (Street, City, State, Zip)

28. DECEASED'S PHONE NUMBER

29. DECEASED'S NEXT OF KIN (Name, Address, Phone Number)

30. DECEASED'S EMPLOYER (Name, Address, Phone Number)

31. DECEASED'S FUNERAL HOME (Name, Address, Phone Number)

32. DECEASED'S BURIAL PLACE (Cemetery, Plot, etc.)

33. DECEASED'S DATE OF BURIAL (Month, day, year)

34. DECEASED'S TIME OF BURIAL (Hour, minute)

BUREAU V. S.

NOV 21 1955

RECEIVED

10798 CERTIFICATE OF DEATH

Reg. Dist. No. 10801 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>11</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baithersburg</u>		<u>Ind.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Hospital</u>				STREET ADDRESS (If rural give location) <u>15X-2</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) <u>Wm Tenn</u>		(Middle) <u>Al</u>		(Last) <u>nut</u>		(Month) <u>Nov</u> (Day) <u>8</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u>	8. DATE OF BIRTH: <u>JULY 25 1883</u>	9. AGE last birthday: <u>72</u> yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>Luther D. Duval</u>				14. MOTHER'S MAIDEN NAME: <u>Ida. Brady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>9-</u> (If Yes, give war or dates of service) <u>—</u>				16. SOCIAL SECURITY No.: <u>—</u>		17. INFORMANT & ADDRESS: <u>Hosp. Record</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
157X Immediate cause				(a) <u>Carcinoma of the Pancreas with metastases to Liver</u>			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				(b) <u>—</u>			
				(c) <u>—</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>None</u> 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify) <u>—</u>		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 13</u> , 19 <u>55</u> , to <u>Nov 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 8</u> , 19 <u>55</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>A. A. Pearce, M.D.</u> (Degree & title)				ADDRESS <u>Frederick Md</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Nov. 11, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Laytonsville Cent</u>		LOCATION (City, town, or county) (State) <u>Laytonsville Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heik</u>		24. FUNERAL DIRECTOR <u>Ray W. Barber</u>		ADDRESS <u>Laytonsville Md.</u>	
<u>Dr. Francis H. Barber.</u>							

MARGIN RESERVED FOR BONDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000

BUREAU V. S.

NOV 10 1955

RECEIVED

INSTRUCTIONS

1 The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

1 The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10835

CERTIFICATE OF DEATH

10802

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick County Home			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Chronic Hospital		STREET ADDRESS (If rural give location) West of Frederick					
3. NAME OF DECEASED (First) (Middle) (Last) HARVEY WILLIAM ANGELL				4. DATE OF DEATH (Month) (Day) (Year) November 13 1955			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH March 17, 1886	9. AGE last birthday 69 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY County Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Angell				14. MOTHER'S MAIDEN NAME Annie Whitmore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214-10-3402		17. INFORMANT & ADDRESS Franklin L. Angell-Walkersville-Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
156.1 IMMEDIATE CAUSE (A) Carcinoma Liver						2 yrs.	
ANTECEDENT CAUSE(S) DUE TO (B) Metastases in intestines						2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 13, 1955</u> to <u>Nov 13, 1955</u> that I last saw the deceased alive on <u>Nov 13, 1955</u> and that death occurred at <u>3:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <i>H. F. Kline</i>				ADDRESS (Street, city, town, state) <i>Frederick Md</i>		DATE SIGNED <i>11/17/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 15, 1955		NAME OF CEMETERY OR CREMATORY Keysville Cemetery		LOCATION (City, town, or county) (State) Keysville, Maryland	
24. REC'D BY REGISTRAR DATE <u>15 Nov. 1955</u>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. E. Cline & Son - Frederick, Maryland			

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

0222

1

DEPARTMENT OF HEALTH

1. Name of deceased: *Frederick*
 2. Sex: *Male*
 3. Date of birth: *March 17, 1882*
 4. Place of birth: *Germany*
 5. Date of death: *Nov. 12, 1953*
 6. Place of death: *Baltimore, Maryland*
 7. Cause of death: *Heart disease*
 8. Immediate cause of death: *Myocardial infarction*
 9. Underlying cause of death: *Coronary artery disease*
 10. Contributing causes: *Hypertension, Atherosclerosis*
 11. Manner of death: *Natural*
 12. Signature of physician: *Dr. J. H. Smith*
 13. Signature of registrar: *John Doe*
 14. Date of registration: *Nov. 15, 1953*

BUREAU V. 2

NOV 16 1953

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Nov. 12, 1953

C. S. Smith & Son - Frederick, Maryland

10799

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 309 West Fifth Street			
3. NAME OF DECEASED: (First) (Middle) (Last) HAZEL ANNABELLE PAUMGARDNER				4. DATE (Month) (Day) (Year) OF DEATH: November 12, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: October 14, 1898	9. AGE last birthday 57 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Dorsey Waters				14. MOTHER'S MAIDEN NAME: Annabelle Huster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 309 West Fifth Street, Mr. Harry D. Baumgardner, Jr., Frederick, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
250X IMMEDIATE CAUSE (A) Atelectasis & Broncho-pneumonia						3 days	
ANTECEDENT CAUSE (B) Following Thyroidectomy						3 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Colloid Goiter						1 year	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis						years.	
19A. DATE OF OPERATION: Nov. 9 - 1955		19B. MAJOR FINDINGS OF OPERATION Sub - total thyroidectomy for colloid goiter				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 8, 1955 to Nov. 12, 1955 that I last saw the deceased alive on Nov. 12, 1955 and that death occurred at 7:30 P.M. from the causes and on the date stated above. SIGNATURE Frank M. Thornton M.D. ADDRESS Potomac Bldg., Suters - Ind DATE SIGNED 11/12/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 15, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 14 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 13 1955

BUREAU V. B.

10836

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) RURAL LENGTH OF STAY (in this place)				STATE MARYLAND COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) RURAL, FREDERICK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS VINDOBONA CONVELESCENT HOME				STREET ADDRESS (If rural give location) BRADDOCK HEIGHTS MARYLAND.			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		ANNA LOUISE BENNETT.		Nov. 20, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Female	White	Widowed.	May, 31, 1981	74 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Housewife		11. BIRTHPLACE (State or foreign country): Massachusetts		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George E. Archer				14. MOTHER'S MAIDEN NAME: Catheryn Henry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		No		R. P. Bennett (son)			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
170X Immediate cause (a) Carcinoma of breast						5 years	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March, 1955 , to Nov. 20, 1955 , that I last saw the deceased alive on Nov. 18, 1955 , and that death occurred at 2 pm , from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
J. J. Schuchman M.D.		Med. Frederick, Md.		11/20/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Cremation		21 Nov. 55		Cedar Hill Cemetery		Washington, D.C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
20 Nov. 1955		Elizabeth B. Heck		Frederick, Md.			

MARGIN RESERVED FOR BENDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10837 **CERTIFICATE OF DEATH**

Reg. Dist. No. 144

10805

1. PLACE OF DEATH COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rocky Ridge HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rocky Ridge STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Franklin (Last) Bentz		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26. 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 25. 1955
9. AGE last birthday yrs. 1		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thaniel Bentz		14. MOTHER'S MAIDEN NAME Lillian Springer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT & ADDRESS Thaniel Bentz. Rocky Ridge MD			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 921.0 IMMEDIATE CAUSE (A) Asphyxia result of regurgitation of milk ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) (C)		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 min.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 25 , 19 55 , to Nov. 26 , 19 55 , that I last saw the deceased alive on Nov. 26 , 19 55 , and that death occurred at 6:05p. M. from the causes and on the date stated above. SIGNATURE M. Franklin Bentz M.D. ADDRESS (Street, city, town, state) Thurmont Md. DATE SIGNED 11/27/55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Nov. 27. 1955	
NAME OF CEMETERY OR CREMATORY St Anthony Cem		LOCATION (City, town, or county) (State) St Anthony. Fredk. Co MD	
24. REC'D BY REGISTRAR Nov. 28, 1955		REGISTRAR'S SIGNATURE Blanche S. Eyles	
25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Greager		ADDRESS Thurmont MD	

10X5326416

CERTIFICATE OF DEATH

10805
144

1. Name of Deceased Donald Franklin		2. Sex Male	
3. Age 25.1.1932		4. Date of Death Nov. 25. 1955	
5. Place of Birth Rocky Ridge, Md		6. Usual Residence Rocky Ridge, Md	
7. Cause of Death Thrombosis of Coronary Artery		8. Manner of Death Natural	
9. Signature of Physician William S. ...		10. Signature of Registrar ...	

BUREAU V. S.

NOV 30 1955

RECEIVED

RECEIVED
NOV 30 1955
BUREAU OF VITAL STATISTICS
BALTIMORE, MD

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10838 **CERTIFICATE OF DEATH**

10806

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Md		COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 4 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Lewistown		RURAL X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Montevue				STREET ADDRESS 1			
3. NAME OF DECEASED (First) (Middle) (Last) Ruth Bowle				4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 19 55			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1848 107		9. AGE last birthday yrs. 107		10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Servant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wesley Brown				14. MOTHER'S MAIDEN NAME Letha Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Hospital Records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
422.1 IMMEDIATE CAUSE (A) Chronic myocarditis						20 yrs.	
ANTECEDENT CAUSE(S) DUE TO (B) Anterior infarction						50 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 22, 1955, to Nov. 23, 1955, that I last saw the deceased alive on Nov. 22, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above.							
SIGNATURE H. H. Kline				ADDRESS (Street, city, town, state) Frederick Md 21701		DATE SIGNED Nov 25 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 26. 1955		NAME OF CEMETERY OR CREMATORY Creagerstown Cem.		LOCATION (City, town, or county) (State) Creagerstown Fredk Com Md	
24. REC'D BY REGISTRAR 25, Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck		25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		ADDRESS Thurmont Md	

10838 CERTIFICATE OF DEATH

10802
191

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERK

16. SIGNATURE OF JURY

17. SIGNATURE OF COURT

18. SIGNATURE OF JUDGE

19. SIGNATURE OF SHERIFF

20. SIGNATURE OF CLERK

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERK

16. SIGNATURE OF JURY

17. SIGNATURE OF COURT

18. SIGNATURE OF JUDGE

19. SIGNATURE OF SHERIFF

20. SIGNATURE OF CLERK

RECEIVED

BUREAU V. B.

NOV 28 1923

RECEIVED

NOV 28 1923

10800 CERTIFICATE OF DEATH

Reg. Dist. No. 10807

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK MARYLAND				STATE MARYLAND COUNTY FREDERICK			
CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK				CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) 429, Sherman Ave.			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print) JARETT SHERMAN E. BOYER				Nov. 24,		1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	If UNDER 1 YEAR: If UNDER 24 HRS.		
Male	White	Married	July 28, 1891	64 yrs.	3 Months	26 Days	0 Hours 0 Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer		10b. KIND OF BUSINESS OR INDUSTRY: Farming		11. BIRTHPLACE (State or foreign country): Frederick County Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: James T. Boyer				14. MOTHER'S MAIDEN NAME: Clara Summers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No. 4		None.		Son in Law. Charles L. Thompson			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Hypertensive cardiovascular renal disease							2 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis							years
(c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
0						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
INJURY		INJURY		HOW DID INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
		m.					
22. I hereby certify that I attended the deceased from Sept 1, 1955 , to November 24, 1955 that I last saw the deceased alive on Nov. 23, 1955 , and that death occurred at 4:45 PM , from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
Robert E. Dailey		MD.		35 E Church Frederick Md		11-25-55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 28, 1955		Mt. Zion, Middletown,		Middletown, Maryland.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
26 Nov. 1955		Elizabeth G. Heck		Robert E. Dailey,		FREDERICK, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 29 1955

RECEIVED

10801

CERTIFICATE OF DEATH

Reg. Dist. No.

10808

131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Dorchester</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>14 Dorchester</u>	LENGTH OF STAY (in this place) <u>1 day</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge 06x-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Dorchester Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>Benedict St.</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH: (Month) (Day) (Year)	
EMMA GRACE BROADWATER		Nov. 7 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Female	White	Married	May 22-1894
9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	
61 yrs.		at home	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Maryland		U.S.	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
George Eyles		Margaret Knipple	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
No		none	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
B.G. Broadwater, Union Bridge, Md.		1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
		Immediate cause (a) <u>600.0</u>	
		Antecedent causes (s) (b) <u>meningitis</u>	
		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Pyomphasesis</u>	
11. OTHER SIGNIFICANT CONDITIONS		Interval Between Onset And Death	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
2			
20. AUTOPSY ?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
SUICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF INJURY		While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from <u>Mr. 5:55</u> , 19 <u>55</u> , to <u>Mr. 7:55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mr. 7</u> , 19 <u>55</u> and that death occurred at <u>10:45 AM</u> from the causes and on the date stated above.			
SIGNATURE (Degree or title)		DATE SIGNED	
<u>Dr. H. W. M. W. M. W.</u>		<u>Mr. 8:55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
Burial		Bethesda Cemetery	
DATE REC'D BY LOCAL REGISTRAR		LOCATION (City, town, or county) (State)	
8 Nov. 1955		Union Bridge, Md.	
REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
Elinor G. Heck		D. D. Hartley & Sons	
		Union Bridge, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

NOV 10 1955

RECEIVED

10839 CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adamstown-Rural-R.D.#1</u>	LENGTH OF STAY (in this place) <u>Years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adamstown-Rural-R.D.#1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Flint Hill</u>		STREET ADDRESS (If rural give location) <u>Flint Hill</u>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>MARY</u>	(Middle) <u>MAGDALENE</u>	(Last) <u>BRUCE</u>	(Month) <u>November</u> (Day) <u>11</u> (Year) <u>1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>July 25, 1902</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	9. AGE last birthday: <u>53</u> yrs. IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Andrew F. Johnson</u>		14. MOTHER'S MAIDEN NAME: <u>Hattie Ellen Makel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>John M. Bruce, Adamstown, R. D. #1, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Hypertensive cardiovascular renal disease</u>		<u>5 years</u>
ANTECEDENT CAUSE (B) <u>Diabetes mellitus</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>53</u> to <u>Nov 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>55</u> , and that death occurred at <u>7:15 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>R. R. Martin</u>		M. D. <u>Frederick, Maryland</u> DATE SIGNED <u>11/12/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Nov. 15, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Hope Hill Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>

DATE REC'D BY LOCAL REGISTRAR <u>Nov. 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 16 1955

RECEIVED

10840

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Balto. City			
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen		LENGTH OF STAY (in this place) 413 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 1741 N. Chester Street,			
3. NAME OF DECEASED: (Type or Print)		(First) John		(Middle)		(Last) Buehler	
4. DATE (Month) (Day) (Year) OF DEATH: Nov. 3, 19 55							
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Nov. 4, 1885	9. AGE last birthday 69 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber		10B. KIND OF BUSINESS OR INDUSTRY: Barber		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Andrew Buehler				14. MOTHER'S MAIDEN NAME: Marie Heather			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None		17. INFORMANT & ADDRESS: Patient			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral hemorrhage						6 months.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X							
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis						6 years.	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 16 1954 , to Nov. 3, 1955 , that I last saw the deceased alive on Nov. 3, 1955 , and that death occurred at 3:45 M. from the causes and on the date stated above.							
SIGNATURE E. R. Ritchie		ADDRESS M. D. Cullen, Maryland		DATE SIGNED November 3, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/7/55		NAME OF CEMETERY OR CREMATORY Jerusalem Cemetery		LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11/3/55		REGISTRAR'S SIGNATURE J. A. -		24. FUNERAL DIRECTOR ADDRESS Leonard Ruck, 5305 Hartford Rd., Balto., Md.			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 7 1955

BUREAU V. S.

SECRET - INFORMATION

CONFIDENTIAL - SECURITY

SECRET

10811

MARYLAND STATE DEPARTMENT OF HEALTH

Item 21f Film G194 3-16-56 am

10802 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Culler Avenue		STREET ADDRESS (If rural, give location) 4611 Keswick Road	
3. NAME OF DECEASED (Type or Print)	(First) LESLIE (Middle) MARIE (Last) BURGER	4. DATE OF DEATH November 6 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 23, 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 3 yrs. 3 Moths 14 Days
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward D. Burger		14. MOTHER'S MAIDEN NAME Ellen McBarron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		17. INFORMANT AND ADDRESS Mr. Edward D. Burger - 4611 Keswick Rd.	

18. MEDICAL CERTIFICATION

Baltimore, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9240
Immediate cause(a) *Asphyxiation*

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Accidental*

(c)

INTERVAL BETWEEN ONSET AND DEATH
*10 minutes*II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.PLACE (Home, farm, factory, street, OF office, bldg., etc.) INJURY *Home*

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

*Child was in a bassinette. She rolled over against side and wasn't able to get breath.*22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

Nov. 8, 1955

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick,

(State)

Maryland

DATE REC'D BY LOCAL REG.

Nov. 1955

REGISTRAR'S SIGNATURE

Elizabeth G. Heck

24. FUNERAL DIRECTOR

C. E. Cline & Son - Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

907599V99V

BUREAU V. S.

NOV 8 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10841 CERTIFICATE OF DEATH

Reg. Dist. No. 10812

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Rural - Plane # 4				TOWN Rural - Plane # 4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Mt. Airy				STREET ADDRESS (If rural give location) R.F.D. Mt. Airy			
3. NAME OF DECEASED: (First) (Middle) (Last) Catherine M. Hill Cain				4. DATE OF DEATH: (Month) (Day) (Year) Nov. 1 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: Feb. 28, 1917	
				9. AGE last birthday: 38 yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Montg. Co., Md.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: Samuel J. Lowe				14. MOTHER'S MAIDEN NAME: Annie Margaret Bolton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Wesley W. Cain, Mt. Airy, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause 410X							
(a) Cerebral embolism with extension						12 hours	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.							
(b) Mural thrombosis left auricle						3 weeks	
(c) Auricular fibrillation						2 months	
(d) Rheumatic heart disease with mitral stenosis						years -	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Traumatic cephalitis							
19a. DATE OF OPERATION: 0						19b. MAJOR FINDINGS OF OPERATION	
						20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from 8-30, 1955 , to 11-1, 1955 , that I last saw the deceased alive on 10-31, 1955 , and that death occurred at 1:40 P.M. , from the causes and on the date stated above.							
SIGNATURE William J. Madden, Jr. M.D.				ADDRESS Damascus, Md.			
DATE SIGNED 11/2/55							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 3, 1955		Forest Oak		Gaithersburg, Md.	
DATE REC'D BY LOCAL REGISTRAR Nov 2 - 1955		REGISTRAR'S SIGNATURE Lillian K. Talbot		24. FUNERAL DIRECTOR Olin L. Molesworth		ADDRESS Damascus, Md.	

10815

Fred.

Maryland

Frederick

Hotel - Room 4 A

Hotel - Room 4 A

R.F.D. No. 117

R.F.D. No. 117

25

Nov. 1

Catherine M. Hill

38

Feb. 28, 1917

Married

White

Female

USA

Monte. Co., Md.

Own Home

Housewife

Annie Margaret Bolton

Samuel L. Lowe

Lesley W. Cain, Jr. Atty. Md.

Home

Mo

BUREAU A. 2

NOV 8 1955

RECEIVED

Administrative. No.

John I. McInerney, President, Md.

General Office

Nov. 7, 1955

Bureau

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10832

CERTIFICATE OF DEATH

10813

Reg. Dist. No. 141

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) 35 TOWN Brunswick	LENGTH OF STAY (in this place) 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick	35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Brunswick Street		STREET ADDRESS (If rural give location) 607 Brunswick Street	
3. NAME OF DECEASED (Type or Print) Nellie Pauline Chaney		4. DATE OF DEATH (Month) (Day) (Year) II-23-1955	
5. SEX Female	6. COLOR OR White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-29-1895
9. AGE last birthday 60 yrs.		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph Gordon	
14. MOTHER'S MAIDEN NAME Ellen Fouch		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO. -		17. INFORMANT & ADDRESS Mr. James C. Chaney, Brunswick, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9. hrs
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension			19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/23/55 to 11/23/55, that I last saw the deceased alive on 11/23/55, and that death occurred at 3:30 PM, from the causes and on the date stated above.			
SIGNATURE <i>[Signature]</i>		DATE SIGNED 11/23/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF II-26-55	NAME OF CEMETERY OR CREMATORY Brethern
24. REC'D BY REGISTRAR DATE Nov 26-55		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS Brownsville, Maryland	

CERTIFICATE OF DEATH

10813

Reg. Code No.

1. Name of deceased

2. Sex of deceased

3. Date of birth

4. Place of birth

5. Date of death

6. Place of death

7. Cause of death

8. Date of burial

9. Place of burial

10. Name of physician

11. Name of funeral director

12. Name of hospital

13. Name of cemetery

14. Name of registrar

15. Name of informant

16. Name of informant

17. Name of informant

18. Name of informant

19. Name of informant

20. Name of informant

21. Name of informant

22. Name of informant

23. Name of informant

24. Name of informant

25. Name of informant

26. Name of informant

27. Name of informant

28. Name of informant

29. Name of informant

30. Name of informant

31. Name of informant

32. Name of informant

33. Name of informant

34. Name of informant

35. Name of informant

BUREAU V. S.

NOV 30 1955

RECEIVED

36. Name of informant

37. Name of informant

38. Name of informant

39. Name of informant

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10814

10803 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Frederick</u>		<u>Minutes</u>		TOWN <u>Frederick-Rural R. F. D. #2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>New Design Road</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>PAUL HAMILTON CLEMSON, SR.</u>				<u>November 4, 19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>3 Dec 1905</u>	<u>49</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Claude C. Clemson</u>				14. MOTHER'S MAIDEN NAME <u>Naomi Troxell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT & ADDRESS <u>R. F. D. #2, Mrs. Margaret B. Clemson, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.0</u> IMMEDIATE CAUSE (A) <u>Acute Coronary Artery Thrombosis, et.</u>						<u>3 hours</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease</u>						<u>year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-4</u>, 19<u>55</u>, to <u>11-4</u>, 19<u>55</u>, that I last saw the deceased alive on <u>11-4</u>, 19<u>55</u>, and that death occurred at <u>11:40 P.M.</u>, from the causes and on the date stated above.							
SIGNATURE <u>Robert S. Turner, Jr.</u> M.D.				ADDRESS (Street, city, town, state) <u>Frederick, Maryland</u>		DATE SIGNED <u>7 Nov 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>8 Nov 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	
DATE <u>7 Nov 1955</u>							

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10804 CERTIFICATE OF DEATH

10815

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>4155 Market</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u> (First) <u>C</u> (Middle) <u>CRUM</u> (Last)		4. DATE OF DEATH <u>Nov</u> (Month) <u>2</u> (Day) <u>1955</u> (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11/19/1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARRIAGE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Carriages</u>	9. AGE last birthday <u>89</u> yrs.
13. FATHER'S NAME <u>CASPER CRUM</u>		11. BIRTHPLACE (State or foreign country) <u>Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. SOCIAL SECURITY No. <u>none</u>		14. MOTHER'S MAIDEN NAME <u>MARY WERTZ</u>	
17. INFORMANT <u>Jennie Mary Crum</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>Arterio-Sclerotic Cardio-vascular disease, with congestive failure</u>		<u>1 week</u>
(b) Antecedent cause(s) <u>and anemia</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Fractured hip (pneumonia - left)</u>		<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct, 1955, to 2 Nov, 1955, that I last saw the deceased alive on 2 Nov, 1955, and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE <u>Charles H. Conley, M.D.</u> (Degree or title)		ADDRESS <u>Frederick, Md.</u>	DATE SIGNED <u>4 Nov. 1955</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>11/5/55</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	LOCATION (City, town, or county) (State) <u>Frederick, Frederick Md</u>
DATE REC'D BY LOCAL REG. <u>4 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Herb</u>	24. FUNERAL DIRECTOR <u>Harry E. Coyle & Co.</u>	ADDRESS <u>Frederick Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 7 1953

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10842 CERTIFICATE OF DEATH

10816

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland		COUNTY County			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. # 6 - Nr. Pearl		LENGTH OF STAY (in this place) 33 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rt. 6 - Nr. Pearl			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS Nr. Pearl		(If rural give location)			
3. NAME OF DECEASED (Type or Print) CLARA MAY DeLAUTER				4. DATE OF DEATH (Month) (Day) (Year) November 11 19 55			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH January 14, 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Winfield				14. MOTHER'S MAIDEN NAME Ellen King			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Ella Hutzell - Rt. 6 - Frederick			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) Uremia						INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSE(S) DUE TO (B) Cerebral Thrombosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) With paralysis of entire left side						10 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 25, 1955, to Jan 11, 1955, that I last saw the deceased alive on Mar 12, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above.							
SIGNATURE B. O. Thomas M.D.				ADDRESS (Street, city, town, state) Frederick, Md		DATE SIGNED Mar 12 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 13, 1955		NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery		LOCATION (City, town, or county) (State) Myersville, Maryland	
24. REC'D BY REGISTRAR DATE Mar 12 1955		REGISTRAR'S SIGNATURE Eligible B. Heck		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick, Maryland		ADDRESS	

EXHIBIT 1

THIS IS A COPY OF THE ORIGINAL RECORD OF THE DEPARTMENT OF HEALTH - BALTIMORE, MARYLAND, AND IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE PROPERTY OF THE DEPARTMENT OF HEALTH - BALTIMORE, MARYLAND, AND IS TO BE RETURNED TO THE DEPARTMENT OF HEALTH - BALTIMORE, MARYLAND, UPON REQUEST.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

1955

NAME: **WILLIAM H. L. L. S. - JR.**
 SEX: **Male**
 RACE: **White**
 DATE OF BIRTH: **January 11, 1931**
 PLACE OF BIRTH: **Baltimore, Maryland**
 OCCUPATION: **Student**
 CAUSE OF DEATH: **Heart Disease**
 PLACE OF DEATH: **Baltimore, Maryland**
 DATE OF DEATH: **November 11, 1955**
 TIME OF DEATH: **10:00 AM**
 SIGNATURE: **W. H. L. S. - JR.**
 TITLE: **Physician**
 ADDRESS: **1000 North Avenue, Baltimore, Maryland**

NAME: **WILLIAM H. L. L. S. - JR.**
 SEX: **Male**
 RACE: **White**
 DATE OF BIRTH: **January 11, 1931**
 PLACE OF BIRTH: **Baltimore, Maryland**
 OCCUPATION: **Student**
 CAUSE OF DEATH: **Heart Disease**
 PLACE OF DEATH: **Baltimore, Maryland**
 DATE OF DEATH: **November 11, 1955**
 TIME OF DEATH: **10:00 AM**
 SIGNATURE: **W. H. L. S. - JR.**
 TITLE: **Physician**
 ADDRESS: **1000 North Avenue, Baltimore, Maryland**

NAME: **WILLIAM H. L. L. S. - JR.**
 SEX: **Male**
 RACE: **White**
 DATE OF BIRTH: **January 11, 1931**
 PLACE OF BIRTH: **Baltimore, Maryland**
 OCCUPATION: **Student**
 CAUSE OF DEATH: **Heart Disease**
 PLACE OF DEATH: **Baltimore, Maryland**
 DATE OF DEATH: **November 11, 1955**
 TIME OF DEATH: **10:00 AM**
 SIGNATURE: **W. H. L. S. - JR.**
 TITLE: **Physician**
 ADDRESS: **1000 North Avenue, Baltimore, Maryland**

BUREAU A. 2

NOV 12 1955

RECEIVED

U. S. Office for - Baltimore, Maryland
 Nov. 12, 1955
 Baltimore, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10805

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10817

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 Chapel Alley		STREET ADDRESS (If rural give location) 314 Chapel Alley	
3. NAME OF DECEASED: (First) RUTH (Middle) ANN (Last) DERR		4. DATE (Month) (Day) (Year) OF DEATH: November 7, 1955	
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: September 23, 1892
9. AGE last birthday 63 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY: Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John L. Derr		14. MOTHER'S MAIDEN NAME: Mary Mahoney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT & ADDRESS: 314 Chapel Alley, Mrs. Clarabelle N. Collins, Frederick, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 331X			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) Cerebral Hemorrhage			2 days
(B) Arteriosclerosis			
(C) Hypertension			5 1/2 +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 10, 1952 , to Nov. 7, 1955 , that I last saw the deceased alive on Nov. 7, 1955 , and that death occurred at 1:05A M. from the causes and on the date stated above.			
SIGNATURE [Signature]		M. D. Frederick, Maryland	
DATE SIGNED 11/8/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 10, 1955	
NAME OF CEMETERY OR CREMATORY St. John's Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 10 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

NOV 14 1955

RECEIVED

10806

10818

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Fredrick</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Fredrick</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
Town <i>Fredrick</i>		Town <i>Knowville</i>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
<i>Edward G. Fredrick Memorial Hosp.</i>		<i>Route 1</i>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<i>Swie Elizabeth Ebberts</i>		<i>November 7 1955</i>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<i>F</i>	<i>W</i>	<i>W</i>	<i>Aug. 31-1867</i>
9. AGE last birthday:	10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
<i>88</i> yrs.	<i>at home</i>	<i>Maryland</i>	<i>U.S.</i>
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<i>James Lambert</i>		<i>Julia Phillinger</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
<i>no</i>		<i>none</i>	
17. INFORMANT & ADDRESS:			
<i>C.R. Ebberts, Knowville, Md</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
812X Immediate cause (a) <i>Broken neck</i> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		<i>Immediate</i>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <i>340 Knowville Fredrick Md</i>	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11 7 1955 4:40 P.M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Struck by car while crossing Route 340</i>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <i>B. C. Thomas</i> M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <i>Nov. 7-1955</i>		
DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>11/10/55</i>	NAME OF CEMETERY OR CREMATORY <i>Pipe Creek Cem.</i>
LOCATION (City, town, or county) (State) <i>General County, Md</i>	24. FUNERAL DIRECTOR <i>D. D. Hester & Sons</i>	ADDRESS <i>Union Bridge, Md</i>
DATE REC'D BY LOCAL REG. <i>8 Nov 1955</i>	REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REPORT

REPORT

BUREAU V. 2

NOV 10 1955

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10819

10807

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Frederick</u>		Years		TOWN <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>364 West Patrick Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>VIRGIE</u>		(Middle) <u>GRACE</u>		(Last) <u>EPPLEY</u>		<u>November 4, 1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)		
<u>Female</u>	<u>White</u>	<u>Widow</u>	<u>17 Nov 1878</u>	<u>76</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>House-work</u>		<u>Own Home</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Lewis Henry Main</u>				<u>Eleanor Susan Thomas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>Unk</u>		<u>1000 Carroll Parkway, Nevin T. R. Waskey, Frederick, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
541.0 IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
<u>Peritonitis, fibropneumonia</u>				<u>4 days</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C) <u>Duodenal Ulcer</u>				<u>years</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<u>10-24-55</u>		<u>Bleeding duodenal ulcer</u>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-19</u>, 19<u>55</u>, to <u>11-4</u>, 19<u>55</u>, that I last saw the deceased alive on <u>11-4</u>, 19<u>55</u>, and that death occurred at <u>9:30P</u> M, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Robert S. Turner, Jr.</u>				<u>Frederick, Maryland</u>		<u>7 Nov 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7 Nov 1955</u>		<u>Mount Olivet Cemetery</u>		<u>Frederick, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>7 Nov 1955</u>		<u>Elizabeth S. Heeb</u>		<u>M. R. Etchison & Son, Frederick, Maryland</u>			

10843 MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

10820

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Ijamsville		CITY (If outside corporate limits, write RURAL and give nearest town) Rural- R.F.D. 5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad-Nr. Ijamsville-Md.		STREET ADDRESS (If rural, give location) West of Frederick	
3. NAME OF DECEASED (Type or Print) JACK (First) RICHARD (Middle) FAWLEY (Last)		4. DATE OF DEATH Nov. 4 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-8- 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	9. AGE last birthday 41 yrs.
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Owen H. Fawley		14. MOTHER'S MAIDEN NAME Nannie B. Woodward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.War II		17. INFORMANT AND ADDRESS Mrs. Jack R. Fawley(Wife) Route 5 Frederick-Md.	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 800X Crushed skull	Instantaneous
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	
(a) Crushed chest	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION 11-4-1955	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 4 1955/10a.m.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY RR RR	(CITY OR TOWN) (COUNTY) (STATE) Ijamsville Frederick Md
INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Struck by diesel engine	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE **Bl. Thomas MD Deputy Medical Examiner** (Degree or title) ADDRESS **Frederick, Md** DATE SIGNED **Nov 5-55**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11-6-1955	NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery	LOCATION (City, town, or county) (State) West of Frederick-Md.
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DATE REC'D BY LOCAL REG. 5 Nov. 1955	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick-Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 8 1955

RECEIVED

10844 CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy-Rural RD#1	LENGTH OF STAY (in this place) 5 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS New London	STREET ADDRESS (If rural give location) New London		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) CHARLES	(Middle) MARSHALL	(Last) FOX	OF DEATH: November 6, 19 55
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 6 April 1873
9. AGE last birthday: 82 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Fox		14. MOTHER'S MAIDEN NAME: Sarah Poole	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.): No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: R. F. D. #1, Mrs. Courtney A. Fox, Mt. Airy, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 450.0		3 days	
ANTECEDENT CAUSE (S)		89 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		59 years	
(A) Uremia			
(B) Hypertrophied prostate			
(C) Arterio sclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1954 to Nov 4, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.			
SIGNATURE Wm M. Smith		ADDRESS Frederick, Maryland	
DATE SIGNED 7 Nov 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 9 Nov 1955	
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		LOCATION (City, town, or county) (State) McKaig-Frederick County Md.	
DATE REC'D BY LOCAL REGISTRAR Nov 8, 1955		REGISTRAR'S SIGNATURE Lucian T. Falconer	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 1 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10822

10808 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>12 hrs.</i>		OR (If outside corporate limits, write RURAL and give nearest town) <i>Middletown</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED: (First) <i>Roy</i> (Middle) <i>V.</i> (Last) <i>Gaver</i>				4. DATE (Month) (Day) (Year) OF DEATH: <i>11 9 1955</i>			
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE MARRIED, WIDOWED , DIVORCED . (Specify): <i>M</i>	8. DATE OF BIRTH: <i>1/22/89</i>	9. AGE last birthday: <i>66</i> yrs.	IF UNDER 1 YEAR: Months	IF UNDER 24 HRS.: Days	IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): <i>Cream Tester</i>			10B. KIND OF BUSINESS OR INDUSTRY: <i>Creamery</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME: <i>John T. Gaver</i>				14. MOTHER'S MAIDEN NAME: <i>Elizabeth Jane Bitler</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>9</i>				16. SOCIAL SECURITY NO.: <i>213-03-0147</i>		17. INFORMANT'S ADDRESS: <i>Laura V. Gaver, Middletown, Md.</i>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <i>420.1</i>							
ANTECEDENT CAUSE (S):							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <i>Infarction of Myocardium due to acute arteriosclerotic coronary</i>						24 hr.	
(B) <i>thrombosis</i>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <i>2</i>		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/8/55</i> , 19 <i>55</i> , to <i>11/9</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>11/9</i> , 19 <i>55</i> , and that death occurred at <i>6:30</i> A M, from the causes and on the date stated above.							
SIGNATURE <i>Henry V. Chase</i>		DATE THEREOF <i>11-12-1955</i>		NAME OF CEMETERY OR CREMATORY <i>Reformed Cemetery</i>		LOCATION (City, town, or county) (State) <i>Middletown Md.</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>11-12-1955</i>		NAME OF CEMETERY OR CREMATORY <i>Reformed Cemetery</i>		LOCATION (City, town, or county) (State) <i>Middletown Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>11-11-55</i>		REGISTRAR'S SIGNATURE <i>Elizabeth B. Hesch</i>		24. FUNERAL DIRECTOR <i>Glackhill Co.</i>		ADDRESS <i>Middletown, Md.</i>	

BUREAU V. 2

NOV 14 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

10823

10809

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
11 <u>Frederick</u>				<u>Brunswick</u>		35	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
69 <u>Frederick Memorial Hospital</u>				<u>815 Maple Ave.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Herbert Howard Grimm Jr.</u>				<u>Nov 26 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>Male</u>		<u>White</u>		<u>single</u>		<u>November 6 1955</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		9. AGE last birthday	
						yrs. Months Days Hours Min.	
						<u>20</u>	
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
<u>Maryland</u>							
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Herbert Howard Grimm Sr.</u>				<u>Bessie Dewayne Larn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS:							
<u>mother - Mrs. Bessie Grimm</u>				<u>815 Maple Ave.</u>			
18. MEDICAL CERTIFICATION				19. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
761.0 IMMEDIATE CAUSE				20 days			
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <u>Hemorrhage, head injury</u>							
(B) <u>Birth trauma</u>							
(C) <u>Prolonged Labor</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)			
				21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While at work Not while at work			
				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 Nov., 1955</u> , to <u>26 Nov., 1955</u> , that I last saw the deceased alive on <u>26 Nov., 1955</u> , and that death occurred at <u>10:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS			
<u>A. M. Pomeroy</u>				<u>Frederick, Md.</u>			
M. D.				DATE SIGNED			
				<u>26 Nov 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF			
<u>Burial</u>				<u>11-28-55</u>			
NAME OF CEMETERY OR CREMATORY				LOCATION (City, town, or county) (State)			
<u>Rockersville</u>				<u>Md.</u>			
24. FUNERAL DIRECTOR				ADDRESS			
<u>C. H. Felt & Son</u>				<u>Brunswick Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

20X5201203

BUREAU V. S.

DEC 1 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
10845 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

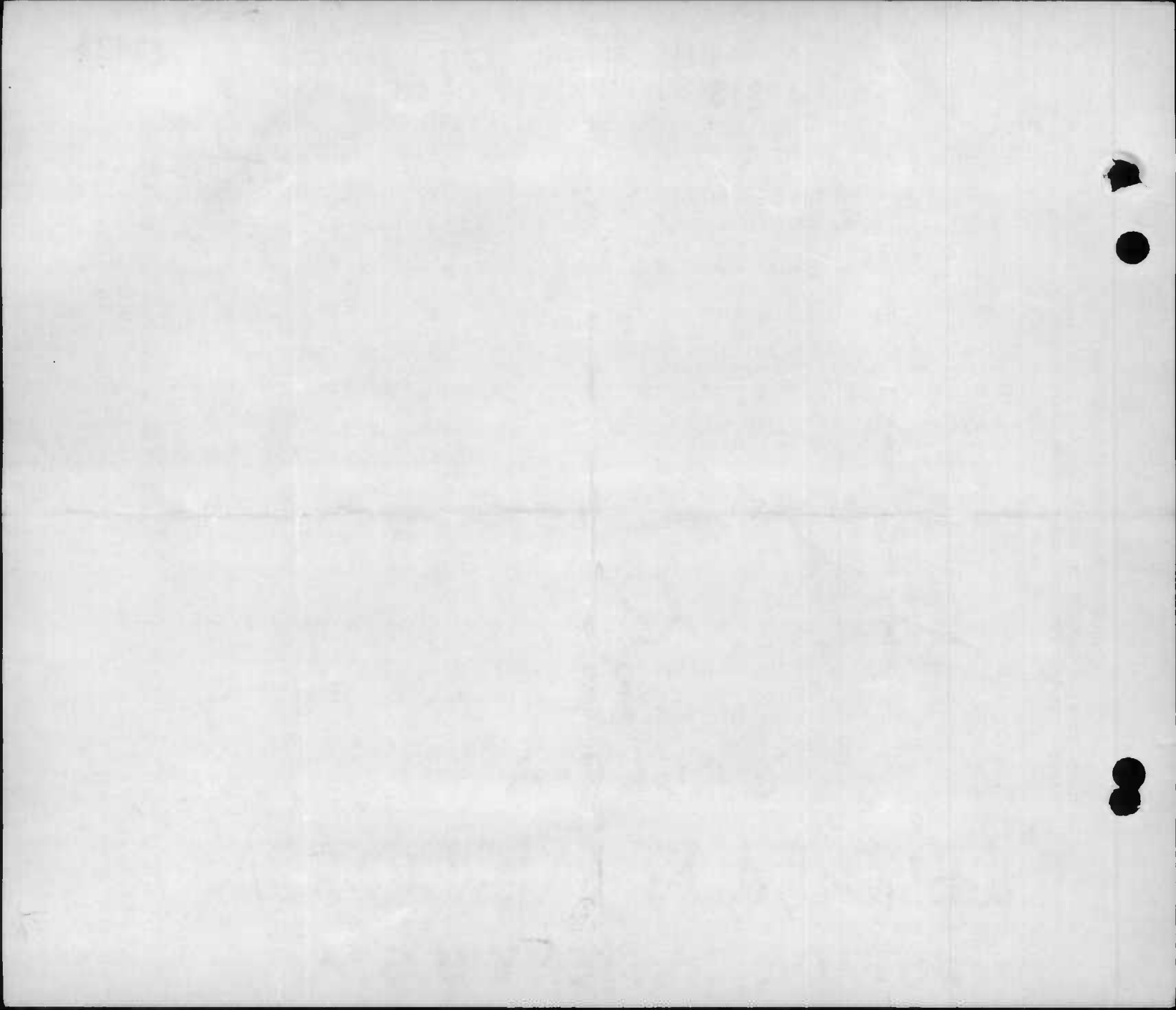
10824

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>RD 4</u> TOWN <u>RD 4</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RD 4</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>RD 4</u> TOWN <u>RD 4</u> STREET ADDRESS <u>RD 4</u>																			
3. NAME OF DECEASED (Type or Print) <u>Walter</u> (First) <u>Hanneman</u> (Middle) <u></u> (Last)		4. DATE OF DEATH <u>November 9</u> 19 <u>55</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 2, 1896</u>		9. AGE last birthday <u>59</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>		11. BIRTHPLACE (State or foreign country) <u>Phila. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Max R. Hanneman</u>				14. MOTHER'S MAIDEN NAME <u>Rosalie Walter</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u></u>				17. INFORMANT AND ADDRESS <u>Evelyn L. Hanneman - Mt. Airy, Md.</u>							
18. MEDICAL CERTIFICATION																							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> Immediate cause (a) <u>Coronary occlusion</u> Antecedent cause(s) (b) <u></u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>																INTERVAL BETWEEN ONSET AND DEATH <u>None</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
19a. DATE OF OPERATION <u></u>								19b. MAJOR FINDINGS OF OPERATION <u></u>								21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.							
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Home</u>								(CITY OR TOWN) (COUNTY) (STATE) <u>W. of Mt Airy Frederick Md</u>															
TIME (Month) (Day) (Year) (Hour) OF INJURY <u></u>								INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>								HOW DID INJURY OCCUR? <u></u>							
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>.																							
SIGNATURE <u>B. Hanneman M.D. Deputy Medical Examiner</u>																ADDRESS <u>Frederick Md</u>				DATE SIGNED <u>Nov 9, 1955</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>								DATE THEREOF <u>11-12-55</u>								NAME OF CEMETERY OR CREMATORY <u>Moreland Park</u>							
LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>								24. FUNERAL DIRECTOR <u>Altman's Funeral Home - 7401 Belair Rd.</u>															
DATE REC'D BY LOCAL REG. <u>11/10/55</u>								REGISTRAR'S SIGNATURE <u>A. J. French</u>								ADDRESS <u></u>							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
10810 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10825

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Fredensburgh</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Germanatown</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredensburgh</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>15X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredensburgh Hosp.</u>		STREET ADDRESS <u>R. 7. #2</u>	
3. NAME OF DECEASED (Type or Print) <u>Thomas</u> (First)	<u>Jahner</u> (Middle)	<u>Harper</u> (Last)	4. DATE OF DEATH <u>Nov 13</u> 1955 (Month) (Day) (Year)
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar 6 1914</u> 36 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk</u>	
11. BIRTHPLACE (State or foreign country) <u>Unk</u>		12. CITIZEN OF WHAT COUNTRY <u>Unk</u>	
13. FATHER'S NAME <u>Stanley Harper</u>		14. MOTHER'S MAIDEN NAME <u>Katie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unk</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unk</u>	
17. INFORMANT AND ADDRESS <u>Oliver Mae Harper wife</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>981X Immediate cause (a) <u>Hemorrhage due to</u></p> <p>Antecedent cause(s) (b) <u>gun wound of abdomen</u></p> <p>Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>punctured abdominal aorta</u></p>			<u>2 hrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>2</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11</u> <u>13</u> <u>1955</u> <u>12</u> a.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Shot by assailant</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>B. L. Thomas, M.D. Deputy Medical Examiner</u>		DATE SIGNED <u>11/13/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>11/17/55</u>	NAME OF CEMETERY OR CREMATORY <u>Sugarland</u>	LOCATION (City, town, or county) (State) <u>Montgomery Co</u>
DATE REC'D BY LOCAL REG. <u>Nov. 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>	24. FUNERAL DIRECTOR <u>Robert L. Swanson</u>	ADDRESS <u>Rockville Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1955

BUREAU V. 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10811 CERTIFICATE OF DEATH

Reg. Dist. No. 10826

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>FREDERICK</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL or an give nearest town) <u>11 TOWN FREDERICK</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>11 TOWN FREDERICK</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 FREDERICK MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location) <u>126 Pine Avenue</u>			
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) <u>CYNTHIA JANE HARRIS</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>November 9, 1955</u>			
5. SEX: <u>FEMALE</u>	6. COLOR OF RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>SINGLE</u>	8. DATE OF BIRTH: <u>November 9, 1915</u>	9. AGE last birthday yrs. <u>40</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min. <u>2 20</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>GEORGE William HARRIS</u>				14. MOTHER'S MAIDEN NAME: <u>Dorothy Lucille KEMP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Dorothy Harris, 126 Pine Avenue Frederick</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Subarachnoid hemorrhage sequelae to precipitous subopmentum</u>						1 hour	
ANTECEDENT CAUSE (S) (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9 Nov., 1955</u> , to <u>9 Nov., 1955</u> that I last saw the deceased alive on <u>9 Nov., 1955</u> , and that death occurred at <u>8:50 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James L. Stover, Jr.</u>				ADDRESS <u>Walpersville, Md</u>		DATE SIGNED <u>9 November 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 10, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Frederick Memorial Park</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 10, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heib</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 14 1955

BUREAU V. S.

10812 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 TOWN Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u> <u>11</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>131 Water Street</u>					
3. NAME OF DECEASED: (First) (Middle) (Last) <u>HOWARD IRVING HARRIS</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>November 18, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>September 8, 1873</u>	9. AGE last birthday <u>82</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Brick Yard</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John W. Harris</u>				14. MOTHER'S MAIDEN NAME: <u>Lucinda Main</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-10-4524</u>		17. INFORMANT & ADDRESS: <u>702 East Patrick Street</u> <u>Mrs. Guy W. Wetzel, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>420.1</u>							
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <u>Sarcoma of the stomach</u>						2 days	
(B) <u>Anterior & posterior</u>						5 yrs	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1955</u> , to <u>Nov 18, 1955</u> that I last saw the deceased alive on <u>Nov 18, 1955</u> , and that death occurred at <u>7:10PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>B. O. Harrison</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>11/21/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 21, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

BUREAU V. S.

NOV 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
10846 CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Zion Road		STREET ADDRESS (If rural, give location) Mt. Zion Road	
3. NAME OF DECEASED (First) CLIFFORD (Middle) ALBERT (Last) HAUGER		4. DATE OF DEATH November 10, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 29, 1909
9. AGE last birthday 46 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Bert Hauger		14. MOTHER'S MAIDEN NAME Ellen Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. 199-24-3256	
17. INFORMANT AND ADDRESS Mrs. Viola Burke, Homestead Park, Penna.		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause 541.1 Perforated duodenal ulcer		
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last with gastritis		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Nov. 14, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland		(State)	
DATE REC'D BY LOCAL REG. 14 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth H. Hede		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REAU V. S.

NOV 15 1955

RECEIVED

10847 CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		X	
X Emmitsburg,		58 yrs.		Emmitsburg		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		West Main Street		STREET ADDRESS (If rural give location)		West Main Street	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
Minnie Etta Hays				Nov. 5 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Widowed	Aug. 9, 1872	83 yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Own Home		Frederick Co. Maryland		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
J. Calvin Fox				Sarah L. Forney			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL SERVICE? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
No		None		James J. Hays West Main St. Emmitsburg, Md			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
490X IMMEDIATE CAUSE							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Pneumonia, lobar, left lower lobe metastasis						8 days	
(B) Carcinoma Right breast & generalized						5 years	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
0							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 9, 1954, to Nov 5, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
Charles R. Williams				Emmitsburg Md.		Nov. 5, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 7, 1955		Mt. View		Emmitsburg, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Nov. 6, 1955		J. L. Brown		J. L. Allison		Emmitsburg Md	

RECEIVED BY MAIL

NOV 11 1955



BUREAU V. S.

NOV 9 1955

RECEIVED

10813 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Brunswick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>12 days</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Brunswick</i>		OR TOWN <i>Brunswick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>				STREET ADDRESS (If rural give location) <i>121 West "B"</i>			
3. NAME OF DECEASED: (First) <i>Mary</i> (Middle) <i>Eva</i> (Last) <i>HOGAN</i>				4. DATE (Month) <i>Nov.</i> (Day) <i>24</i> (Year) <i>1955</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widow</i>		8. DATE OF BIRTH: <i>3-21-1879</i>	
9. AGE last birthday <i>76</i> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>		11. BIRTHPLACE (State or foreign country): <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME: <i>Phillipp Pearrell</i>				14. MOTHER'S MAIDEN NAME: <i>Agnes Enserle</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>—</i>			
17. INFORMANT'S ADDRESS: <i>Mrs. H. L. Brown, Brunswick Md.</i>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <i>904.0</i>							
ANTECEDENT CAUSE (B) <i>Broncho-pneumonia, right</i>						36 hrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>260X</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Diabetes Mellitus + Fracture rt hip.</i>							
19A. DATE OF OPERATION: <i>18 Nov 1955</i>				19B. MAJOR FINDINGS OF OPERATION: <i>Reduction + nailing fracture rt. femur</i>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>				21B. PLACE (Home, farm, factory, street, office bldg., etc.) <i>Home</i>			
21C. WHERE DID INJURY OCCUR? <i>Brunswick, Fred. Md.</i>							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov. 11 1955 ? M.</i>				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>			
21F. HOW DID INJURY OCCUR? <i>Deceased tripped and fell</i>							
22. I hereby certify that I attended the deceased from <i>12 Nov, 1955</i> , to <i>24 Nov, 1955</i> , that I last saw the deceased alive on <i>23 Nov, 1955</i> , and that death occurred at <i>9:20 A.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>Charles H. Conley, Jr.</i>				DATE SIGNED <i>24 Nov 1955</i>			
ADDRESS <i>M. D. Frederick Md.</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>				DATE THEREOF <i>11-26-55</i>			
NAME OF CEMETERY OR CREMATORY <i>Park Heights</i>				LOCATION (City, town, or county) <i>Brunswick Md</i>			
DATE REC'D BY LOCAL REGISTRAR <i>Nov 26, 1955</i>				REGISTRAR'S SIGNATURE <i>Elizabeth B. Heath</i>			
24. FUNERAL DIRECTOR <i>C. H. Fultz & Son</i>				ADDRESS <i>Brunswick Md</i>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 1 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10831

10814

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>210 E. Church St</u>		STREET ADDRESS (If rural, give location) <u>210 East Church</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDWARD</u>	(Middle) <u>-</u>	(Last) <u>JAMES</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DECEASED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 1 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	9. AGE last birthday <u>91</u> yrs.	4. DATE OF DEATH <u>Nov. 13</u> 19 <u>55</u>
13. FATHER'S NAME <u>Wm H. James</u>	14. MOTHER'S MAIDEN NAME <u>Emma Albough</u>	11. BIRTHPLACE (State or foreign country) <u>md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY No. <u>-</u>	17. INFORMANT <u>E. Austin James</u>	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
450.0 Immediate cause (a) <u>Generalized arteriosclerosis with heart failure</u>			20 yrs. +
Antecedent cause(s) (b) _____			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the prostate</u>			10 yrs.
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov, 1953, to Nov 13, 1955, that I last saw the deceased alive on Nov 13, 1955, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

<u>Henry V. Chase M.D.</u>		<u>4 E Church St Frederick</u>		<u>11/14/55</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>11/15/55</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	LOCATION (City, town, or county) <u>Frederick, Frederick Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>14 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>Harry E. Carlyle</u>	ADDRESS <u>Frederick Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1995

BUREAU V. S.

10815 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11</u> TOWN <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u> Rural R. F. D. #5, X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90</u> <u>Abbot Nursing Home</u>		STREET ADDRESS (If rural give location) <u>Near Braddock Heights</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>BESSIE</u> <u>REBECCA</u> <u>KIMMEL</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>November 20, 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>August 20, 1900</u>
9. AGE last birthday <u>55</u> yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Cornelius Wachter</u>		14. MOTHER'S MAIDEN NAME: <u>Rosie Engle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mr. John H. Kimmel, Frederick R.F.D. #5, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Carcinoma of Lungs</u>			<u>4 mo?</u>
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Carcinoma cervix (known 1952)</u>			
(C) <u>many metastatic areas in lungs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>	19B. MAJOR FINDINGS OF OPERATION <u>X-ray to cervix 1952.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 1955, to <u>Nov 20</u> , 1955, that I last saw the deceased alive on <u>Nov 18</u> , 1955, and that death occurred at <u>1:32</u> AM, from the causes and on the date stated above.			
SIGNATURE <u>J E Horp</u>		M. D. <u>Middletown, Maryland</u> DATE SIGNED <u>11/22/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Nov. 22, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Bretheran Cemetery</u>	LOCATION (City, town, or county) (State) <u>Burkittsville, Md.</u>
DATE REC'D BY LOCAL REGISTRAR <u>22 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

10848 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Frederick-Rural-R.D.#1		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#1, X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Mount Pleasant		STREET ADDRESS (If rural give location) Mount Pleasant	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) (Middle) (Last) ALICE JESSIE LOCHNER		OF DEATH: November 23, 1955	
5. SEX:		6. COLOR OR RACE:	
Female		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Widower		March 4, 1885	
9. AGE last birthday		10. AGE last birthday	
70 yrs.		70 yrs.	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Maryland		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
George A. Stevens		Mary E. Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No No		212-03-3041	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
Miss. Fannie Blanche Stevens, Frederick, R. D. #1, Md.		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		MINUTES	
420.1 IMMEDIATE CAUSE		years	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June, 1954, to 12/23, 1955, that I last saw the deceased alive on 11/16, 1955, and that death occurred at 5:30AM, from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
James B. Thomas		November 25, 1955	
M. D.		Frederick, Maryland	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		Nov. 26, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Mt. Zion Cemetery		Frederick County, Maryland	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR ADDRESS	
25 Nov. 1955		M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

NOV 28 1955

RECEIVED

10816
CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Years		OR TOWN Middletown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (Type or Print) Austin Joseph Long				4. DATE (Month) (Day) (Year) OF DEATH: November 8, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug. 25, 1902	9. AGE last birthday 53 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George E. Long				14. MOTHER'S MAIDEN NAME: Fannie C. Haupt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: 224 East Church Street, Clyde O. Young, Jr., Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Infarction of myocardium						24 hr.	
ANTECEDENT CAUSE (B) Anterioderotic coronary thrombosis						24 hr.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute pulmonary edema						1 hr.	
19A. DATE OF OPERATION: 2		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/7, 1955, to 11/8, 1955, that I last saw the deceased alive on 11/8, 1955, and that death occurred at 7 A M, from the causes and on the date stated above.							
SIGNATURE Henry V. Chase				ADDRESS M. D. & E. Church St. Frederick		DATE SIGNED 11/8/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 11, 1955		NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) (State) Middletown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 10 Nov 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 14 1955

BUREAU V. 2

10817 CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural* R.F.D.#1			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) McKaig			
3. NAME OF DECEASED: (First) (Middle) (Last) CAROLINE ELIZABETH MASSER				4. DATE (Month) (Day) (Year) OF DEATH: November 20, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: December 13, 1878	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Domestic		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John H. Brown				14. MOTHER'S MAIDEN NAME: Hannah Shepley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mr. John F. Masser, Frederick, R.D.#1, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
465X IMMEDIATE CAUSE							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Massive Thrombosis							
DUE TO							
(B) Zylarary artery						3 days	
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 10, 1955, to Nov. 20, 1955 that I last saw the deceased alive on Nov. 20, 1955, and that death occurred at 11:50 A.M. from the causes and on the date stated above.							
SIGNATURE B. L. Sheppard				M. D. Frederick, Maryland		DATE SIGNED 11/22/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 22, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, nr county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 22 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heub		24. FUNERAL DIRECTOR M. R. Etchison & Spn, Frederick, Maryland		ADDRESS	

BUREAU V. S.

NOV 23 1955

RECEIVED

10818

10836

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Washington</i>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>TOWN Frederick</i>		LENGTH OF STAY (in this place) <i>1 hr.</i>		CITY (If outside corporate limits write RURAL and give nearest town) <i>TOWN Hagerstown 21-03-2</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>				STREET ADDRESS (If rural, give location) <i>122 Cannon Ave.</i>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) <i>Skolien</i>		(Middle) <i>A</i>		(Last) <i>Masters</i>		(Month) (Day) (Year) <i>November 1 1955</i>	
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>12/13/1937</i>	9. AGE last birthday: <i>17</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Student nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Hospital</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Ronald Masters</i>				14. MOTHER'S MAIDEN NAME: <i>Harold Winters</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY No.: <i>None</i>		17. INFORMANT & ADDRESS: <i>Mr. Harold A. Masters Hagerstown Md.</i>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
823X Immediate cause (a)..... <i>Ruptured Liver</i>							<i>hours</i>
Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c).....							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: <i>Nov. 1 1955</i>		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <i>Highway</i>		21c. (City or town) (County) (State) <i>Frederick Md</i>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov. 1 1955 7:55 P.M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Auto ran into back of truck</i>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <i>B. O. Thomas</i>		M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/> <i>Nov 1-55</i>					
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>11/4/55</i>		NAME OF CEMETERY OR CREMATORY <i>Luthern Ch. Cem.</i>		LOCATION (City, town, or county) (State) <i>Middletown Frederick Md.</i>	
DATE REC'D BY LOCAL <i>Nov. 3, 1955</i>		REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>		24. FUNERAL DIRECTOR <i>W. J. Floument</i>		ADDRESS <i>Hagerstown Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 2 1955

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INSTRUCTIONS: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ATSC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10849 CERTIFICATE OF DEATH

10837

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) X Rural-Frederick	LENGTH OF STAY (in this place) 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Frederick	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick County Home		STREET ADDRESS (If rural give location) Frederick County Home	/
3. NAME OF DECEASED (First) (Middle) (Last) Thomas Franklin McCabe		4. DATE OF DEATH (Month) (Day) (Year) Nov. 16 19 55	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March ? 1879
9. AGE last birthday 76 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Day Work	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph McCabe		14. MOTHER'S MAIDEN NAME Catherine Marquart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 218-09-3683	
17. INFORMANT & ADDRESS Harry McCabe (brother) Harrisburg-Pa.		22. I hereby certify that I attended the deceased from 1912 to 1955, that I last saw the deceased alive on 1955, and that death occurred at 11 A.M. from the causes and on the date stated above.	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 min	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis		30 yrs	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Dilated Telerosia			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			
DATE THEREOF 11-19-1955			
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery			
LOCATION (City, town, or county) (State) Frederick-Maryland			
24. REC'D BY REGISTRAR 17 Nov. 1955			
REGISTRAR'S SIGNATURE Elizabeth G. Heck			
25. FUNERAL DIRECTOR'S SIGNATURE C.E. Cline & Son			
ADDRESS Frederick-Md.			

10837

131

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

CERTIFICATE OF DEATH

1. Name of deceased (Print or Write)

John Frederick

John Frederick

Frederick County, Md.

Date of Birth

March 7, 1875

Tennessee

Guthrie, Maryland

John Seal St.

Kentucky (Mother's Residence)

Name of Deceased

John Frederick

John Frederick

Frederick County, Md.

Date of Birth

March 7, 1875

Tennessee

John Seal St.

210-22-3883

BUREAU V. S.

NOV 21 1935

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11 Nov 1935 3/4 p.m. 11/13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10819 CERTIFICATE OF DEATH

Reg. Dist. No. 131

10839

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 415 West Patrick Street				STREET ADDRESS (If rural give location) 415 West Patrick Street			
3. NAME OF DECEASED: (First) (Middle) (Last) GEORGIANNA McLANE				4. DATE (Month) (Day) (Year) OF DEATH: November 19, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: September 4, 1867	9. AGE last birthday: 88 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George L. Stull				14. MOTHER'S MAIDEN NAME: Hannah A. M. Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY No. None		17. INFORMANT & ADDRESS: 415 West Patrick Street Mr. David P. Stull, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 260X Diabetes Mellitus						11 yrs.	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Acute Sclerosis						20 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Central Hemorrhage						1 mo.	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 18, 1955, to Nov 18, 1955, that I last saw the deceased alive on Nov 18, 1955, and that death occurred at 2:30 AM, from the causes and on the date stated above.							
SIGNATURE H. H. Keme				M. D. Frederick, Maryland		DATE SIGNED 11/21/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 21, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11/21/1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10820 CERTIFICATE OF DEATH

Reg. Dist. No. 10840 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>15 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp</u>				STREET ADDRESS (If rural give location) <u>Rt. #1</u>		1	
3. NAME OF DECEASED: (First) <u>Dorothy</u> (Middle) <u>L.</u> (Last) <u>Miller</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>11</u> <u>15</u> <u>1955</u>			
5. SEX: <u>F</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>3/7/16</u>	
9. AGE last birthday <u>39</u> yrs.		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u>8</u> Mln.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house-wife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Frederick co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Charles E. Heim</u>				14. MOTHER'S MAIDEN NAME: <u>Stella A. Castle Heim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>220-28-7804</u>		17. INFORMANT & ADDRESS: <u>James C. Miller-Thurmont, Md. Rt. #1</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						2 WKS.	
ANTECEDENT CAUSE (B) <u>Hypertensive Cardiovascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>malignant type.</u>						2 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/11</u> , 1955, to <u>11/15</u> , 1955, that I last saw the deceased alive on <u>11/14</u> , 1955, and that death occurred at <u>10²⁵</u> A M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase M.D.</u>				ADDRESS <u>4 E Church St</u>		DATE SIGNED <u>11/15/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/18/55</u>		NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery</u>		LOCATION (City, town, or county) (State) <u>Thurmont, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>13 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Eligible B. H. H.</u>		24. FUNERAL DIRECTOR <u>M.L. Creager & Son</u>		ADDRESS <u>Thurmont, Md.</u>	

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NOV 21 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10850-CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 9, Film G189 11-28-55 et

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Near Walkersville		LENGTH OF STAY (In this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Walkersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crum Road				STREET ADDRESS (If rural, give location) Main Street			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
HARRY		ANDREW EYLER		MORGAN			
4. DATE OF DEATH		(Month)		(Day)		(Year)	
November 19, 1955							
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 24, 1906	
9. AGE last birthday 49 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Room		10b. KIND OF BUSINESS OR INDUSTRY Brush Company		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Andrew C. Morgan		14. MOTHER'S MAIDEN NAME Carrie Bell Eyler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) WWII		16. SOCIAL SECURITY No. 214-10-2468		17. INFORMANT AND ADDRESS Mrs. Frances R. Morgan, Walkersville, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

9733 Immediate cause (a) Carbon Monoxide

15 minutes

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

22 Nov. 1955

Elizabeth B. Heck

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

10851 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Lime Kiln	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lime Kiln	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100		STREET ADDRESS (If rural give location) 1	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) BLANCHE	(Middle) MARIE	(Last) MULLINEAUX	November 19, 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: August 15, 1901
		9. AGE last birthday: 54 yrs.	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress		10B. KIND OF BUSINESS OR INDUSTRY: Sewing Factory	11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: Thomas F. DeGrange	
14. MOTHER'S MAIDEN NAME: Irma V. Heffner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No	
16. SOCIAL SECURITY NO.: 215-03-6143		17. INFORMANT & ADDRESS: Mr. Earl R. Mullineaux, Lime Kiln, Maryland	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Carcinoma of pancreas or stomach, pancreas.			6 mos.
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(B)			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 18, 1955, to Nov 19, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 8:10 P.M. from the causes and on the date stated above.			
SIGNATURE: R. R. Martin		M. D. Frederick, Maryland	
DATE SIGNED: 11/22/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial		DATE THEREOF: Nov. 23, 1955	
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery		LOCATION (City, town, or county) (State): Middletown, Maryland	
DATE REC'D BY LOCAL REGISTRAR: 22 Nov. 1955		REGISTRAR'S SIGNATURE: Elizabeth B. Heck	
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland		ADDRESS:	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 23 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10852 CERTIFICATE OF DEATH

10843

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Rural Emmitsburg</u>		<u>3 yrs.</u>		TOWN <u>Rural Emmitsburg,</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.D.#3</u>				STREET ADDRESS (If rural give location) <u>R.D.#3</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Frank Joseph O'Brien</u>				<u>November 17, 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>MAY 1, 1881</u>	<u>74 yrs.</u>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Salesman</u>				<u>Troy, New York</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William O'Brien</u>				<u>Margaret Bastable</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Erena B. O'Brien</u> <u>Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>450.0</u> IMMEDIATE CAUSE (A) <u>Branchopneumonia</u>				<u>4 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis.</u>				<u>years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Malnutrition</u>				<u>1 year</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 13</u>, 19<u>55</u>, to <u>Nov 17</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Nov 17</u>, 19<u>55</u>, and that death occurred at <u>11 A.M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)			
<u>Charles R. Williams</u>				<u>Emmitsburg, Md.</u>			
DATE SIGNED				DATE SIGNED			
<u>Nov. 18, 1955</u>				<u>Nov. 18, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov. 21, 1955</u>		<u>New St. Joseph's</u>		<u>Emmitsburg, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Nov 21 1955</u>		<u>S. L. Allison</u>		<u>S. L. Allison</u>			
DATE				ADDRESS			
				<u>Emmitsburg, Md.</u>			

S. L. Allison

1955 CERTIFICATE OF DEATH

Reg. Dist. No.

1. Name of Deceased (Print or Type)

2. Sex
3. Date of Birth
4. Place of Birth
5. Race
6. Marital Status

7. Usual Residence
8. Date of Death

9. Cause of Death (List in Order)
10. Place of Death

11. Signature of Physician (Print Name and Sign)
12. Signature of Registrar (Print Name and Sign)

13. Date of Registration
14. Registrar's Office

15. Signature of Medical Examiner (Print Name and Sign)
16. Signature of Coroner (Print Name and Sign)

17. Signature of Medical Examiner (Print Name and Sign)
18. Signature of Coroner (Print Name and Sign)

19. Signature of Medical Examiner (Print Name and Sign)
20. Signature of Coroner (Print Name and Sign)

21. Signature of Medical Examiner (Print Name and Sign)
22. Signature of Coroner (Print Name and Sign)

23. Signature of Medical Examiner (Print Name and Sign)
24. Signature of Coroner (Print Name and Sign)

25. Signature of Medical Examiner (Print Name and Sign)
26. Signature of Coroner (Print Name and Sign)

27. Signature of Medical Examiner (Print Name and Sign)
28. Signature of Coroner (Print Name and Sign)

29. Signature of Medical Examiner (Print Name and Sign)
30. Signature of Coroner (Print Name and Sign)

31. Signature of Medical Examiner (Print Name and Sign)
32. Signature of Coroner (Print Name and Sign)

33. Signature of Medical Examiner (Print Name and Sign)
34. Signature of Coroner (Print Name and Sign)

35. Signature of Medical Examiner (Print Name and Sign)
36. Signature of Coroner (Print Name and Sign)

37. Signature of Medical Examiner (Print Name and Sign)
38. Signature of Coroner (Print Name and Sign)

39. Signature of Medical Examiner (Print Name and Sign)
40. Signature of Coroner (Print Name and Sign)

41. Signature of Medical Examiner (Print Name and Sign)
42. Signature of Coroner (Print Name and Sign)

43. Signature of Medical Examiner (Print Name and Sign)
44. Signature of Coroner (Print Name and Sign)

BUREAU V. S.

NOV 21 1955

RECEIVED

1955 CERTIFICATE OF DEATH

10821 CERTIFICATE OF DEATH

Reg. Dist. No. 10844

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Rt. 2 - Middletown, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) R. F. D. # 2	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) ROBERT	(Middle) HENDERSON	(Month) November	(Day) 18
(Type or Print)	(Last) PFEIL	(Year) 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 2, 1887
9. AGE last birthday: 68 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Henry Pfeil		14. MOTHER'S MAIDEN NAME: Ella Henderson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes	16. SOCIAL SECURITY No.: 272-09-8984 A	17. INFORMANT & ADDRESS: Wife Mrs. Mary R. W. Pfeil - Rt. 2 - Middletown, Md.
---	---	--

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death 3 days 10 yrs. +
(a) Cerebral Hemorrhage Immediate cause DUE TO		
(b) Hypertensive Cardiovascular Disease Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 1919	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15 , 19 55 , to 11/18 , 19 55 , that I last saw the deceased alive on 11/17 , 19 55 , and that death occurred at 9:05 A.M. , from the causes and on the date stated above.			
SIGNATURE Henry V. Chase M.D.		DATE SIGNED 11/18/55	
(Degree or title)		ADDRESS	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Nov. 22, 1955	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 18 Nov 1955	REGISTRAR'S SIGNATURE Elizabeth G. Herb	24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 21 1955

RECEIVED

10822 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>				CITY (if outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>480 West South Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ERNEST SMITH SWEENEY POOLE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>November 21, 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE <u>WIDOWED</u> MARRIED <u>WIDOWER</u>		8. DATE OF BIRTH: <u>January 9, 1892</u>	
				9. AGE last birthday <u>63</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Plumbing Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>Millard D. Poole</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Catherine Sweeney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>214-10-5683</u>		17. INFORMANT & ADDRESS: <u>Mrs. Mary C.E. Barthlow, Frederick, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral vascular accident with left hemiplegia</u>						<u>1 mo.</u>	
ANTECEDENT CAUSE (B) <u></u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>							
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 28, 1955</u> , to <u>Nov 21, 1955</u> , that I last saw the deceased alive on <u>Nov 21, 1955</u> , and that death occurred at <u>9:25 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>R. B. Martin</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>11/22/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>22 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 23 1955

RECEIVED

10823

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>2 days</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural give location) <u>31 S. Bentz St.</u>	
3. NAME OF DECEASED: (Type or Print) <u>Charles Richard Ragland Jr.</u> (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 7 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <u>Nov 6, 1955</u>
9. AGE last birthday <u>—</u> yrs.		IF UNDER 1 YEAR: Months <u>—</u> Days <u>2</u> Hours <u>—</u> Min. <u>—</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>—</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>	
13. FATHER'S NAME: <u>Charles Richard Ragland</u>		14. MOTHER'S MAIDEN NAME: <u>Bessie Mae Rundleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT & ADDRESS: <u>Mother - 31 S. Bentz St. Frederick, Md.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <u>771.0</u>		<u>2 days</u>	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-6</u> , 19 <u>55</u> , to <u>11-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>55</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Wm. J. Hurd</u>		ADDRESS <u>220 N. Market St.</u>	
DATE SIGNED <u>11-7-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>Nov. 10-55</u>	
NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		LOCATION (City, town, or county) (State) <u>Frederick - Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>9 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heik</u>	
24. FUNERAL DIRECTOR <u>Charles E. Hickel III</u>		ADDRESS <u>Fred. Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

BUREAU V. S.

NOV 10 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>20 hrs.</u>		If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Fulton Ave.</u>			
3. NAME OF DECEASED: (Type or Print) <u>GEORGE W. RICE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov. 3 1955</u>			
5. SEX: <u>M</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>July 4, 1876</u>	
9. AGE last birthday <u>79</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Rural</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Isiah Rice</u>		14. MOTHER'S MAIDEN NAME: <u>Georgianna Clem</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS: <u>Mrs. Nora Rice, Walkersville, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Shock</u>						15 hours	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Hemorrhage, gastric, etiology undetermined.</u>						24 hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Chronic Cholelithiasis</u>						15 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Aritmia</u>						12 years	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> , to <u>3 Nov., 1955</u> , that I last saw the deceased alive on <u>2 Nov.</u> , 1955, and that death occurred at <u>4:40 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James E. Stoner Jr.</u>		ADDRESS <u>MD Walkersville, Md.</u>		DATE SIGNED <u>11/3/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/5/55</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Hope cemetery</u>		LOCATION (City, town, or county) (State) <u>Walkersville, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hack</u>		24. FUNERAL DIRECTOR <u>S.C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

NOV 7 1955

RECEIVED

10825

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10848

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
 LENGTH OF STAY (in this place) 8 days
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK
 CITY (If outside corporate limits, write RURAL and give nearest town) Emmitsburg Md
 OR ~~TOWN~~ RURAL
 STREET ADDRESS (If rural give location) RD #1

3. NAME OF DECEASED:

(First) (Middle) (Last)
Charles FRANCIS Ridenour

4. DATE (Month) (Day) (Year)

OF DEATH: NOV. 3 1955

5. SEX:

MALE

6. COLOR OR RACE:

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

MARRIED MARCH 12, 1905

8. DATE OF BIRTH:

9. AGE last birthday

50 yrs.

10. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

LABOR

10B. KIND OF BUSINESS OR INDUSTRY:

GENERAL LABOR

11. BIRTHPLACE (State or foreign country):

FREDERICK CO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

EDWARD RIDENOUR

14. MOTHER'S MAIDEN NAME:

CLARA WETZEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

218-24-1522

17. INFORMANT & ADDRESS:

Mrs Pauline Ridenour RD#1, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

18. MEDICAL CERTIFICATION

(A) 1. Rheumatic Heart disease with congestive failure

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Bronchopneumonia

4 days

19A. DATE OF OPERATION:

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

21E. INJURY OCCURRED While at work Not while at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1955, to 11/3, 1955, that I last saw the deceased alive on 11/2, 1955, and that death occurred at 7 A M, from the causes and on the date stated above.

SIGNATURE

Henry V. Chase

ADDRESS

M.D. 4 E. Church St. Frederick 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

NOV. 7, 1955

NAME OF CEMETERY OR CREMATORY

ST. ANTHONYSSABINE

LOCATION (City, town, or county)

EMMITSBURG RD #1 Md.

DATE REC'D BY LOCAL REGISTRAR

9 Nov 1955

REGISTRAR'S SIGNATURE

Elizabeth B. Webb

24. FUNERAL DIRECTOR

S. L. Allison Emmitsburg, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 7 1955

RECEIVED

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10833

CERTIFICATE OF DEATH

10849

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL) Brunswick 35 TOWN Brunswick HOSPITAL OR INSTITUTION OR STREET ADDRESS I22 7th. Avenue 00				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Brunswick 35 TOWN Brunswick STREET ADDRESS I22 7th. Avenue (If rural give location) 1											
3. NAME OF DECEASED (First) David (Middle) - (Last) Riser (Type or Print)				4. DATE OF DEATH (Month) II (Day) 29 (Year) 55 19											
5. SEX Male		6. COLOR OR White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH II-22-1868		9. AGE last birthday 88 years		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work performed during life, even if retired) Steam Engineer				10b. KIND OF BUSINESS OR INDUSTRY B & O R.R. Co				11. BIRTHPLACE (State or foreign country) West Virginia				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME George Riser						14. MOTHER'S MAIDEN NAME Elizabeth Cruthers									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT & ADDRESS Ray Riser, Brunswick, Maryland							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) Arteriosclerosis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING UNDERLYING CAUSE LAST. DUE TO (C)										18. MEDICAL CERTIFICATION Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.															
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)				21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 6/6 9:00 AM, 1955, to 11/29 1955, that I last saw the deceased alive on 11/23 1955, and that death occurred at 4 M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED 11/30/55															
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF 12-1-1955				NAME OF CEMETERY OR CREMATORY Park Heights				LOCATION (City, town, or county) (State) Brunswick, Maryland			
24. REC'D BY REGISTRAR DATE Dec 1 - 55				REGISTRAR'S SIGNATURE Kathryn H. Brown				25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md.				ADDRESS			

CERTIFICATE OF DEATH

10000

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar	
John Edward		Male		38		Dec 5, 1955		Home		Heart disease		Natural		[Signature]		[Signature]	
10. Date of birth		11. Place of birth		12. Occupation		13. Usual residence		14. Usual address		15. Usual telephone		16. Usual hospital		17. Usual physician		18. Usual nurse	
Jan 1, 1917		Baltimore, Md.		Engineer		Baltimore, Md.		1234 Ave.		1234		St. Mary's		Dr. Smith		Mrs. Jones	
19. Name of informant		20. Relationship		21. Address		22. Telephone		23. Date of report		24. Signature of informant		25. Signature of registrar		26. Signature of physician		27. Signature of nurse	
Mary Jones		Wife		1234 Ave.		1234		Dec 6, 1955		[Signature]		[Signature]		[Signature]		[Signature]	

BUREAU V. 2

DEC 6 1955

RECEIVED

C. W. Jones and Son, Baltimore, Md.

5-1-1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10826

CERTIFICATE OF DEATH

10850

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 West Third Street		STREET ADDRESS (If rural give location) 7 West Third Street	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH:	
ELIZABETH GILSON SCHROEDER		November 7, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: July 23, 1874
9. AGE last birthday 81 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even Housewife)	10B. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles A. Gilson		14. MOTHER'S MAIDEN NAME: Harriett E. Morrison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: 431 North Market St. Mrs. Marie E.G. Hudson, Frederick, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Cerebral Thrombosis, Multiple			3 days
ANTECEDENT CAUSE (B) Cerebral Thrombosis,			9 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Cerebral Arteriosclerosis			1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardiovascular Disease			5 years
19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9. May, 1955 , to 7 Nov. , 1955, that I last saw the deceased alive on 7 Nov. , 1955, and that death occurred at 4:45 P.M. , from the causes and on the date stated above.			
SIGNATURE Thomas E. Stone		ADDRESS Frederick, Maryland	DATE SIGNED 11/8/1955
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Nov. 10, 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 10 Nov. 1955	REGISTRAR'S SIGNATURE Elizabeth S. Hech	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

RECEIVED

NOV 14 1955

BUREAU V. S.

10827

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick	LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural-R. F. D. #4 X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Church Hill	
3. NAME OF DECEASED: (First) (Middle) (Last) WILLIAM EVERS SHOOK		4. DATE (Month) (Day) (Year) OF DEATH: November 30, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: July 24, 1873
9. AGE last birthday: 82 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Daniel Shook		14. MOTHER'S MAIDEN NAME: Harriett Kintz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mr. Murray D. Shook, Frederick, R.D. #4, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE		(A) Acute Coronary Thrombosis 2 days	
ANTECEDENT CAUSE (S)		(B) Arteriosclerotic Cardiovascular Disease 5 yrs. +	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/28, 1955, to 11/30, 1955, that I last saw the deceased alive on 11/29, 1955, and that death occurred at 5:45 A.M. from the causes and on the date stated above.			
SIGNATURE Henry V. Chase		M. D. Frederick, Maryland	
DATE SIGNED Nov. 30, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 2, 1955	
NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery		LOCATION (City, town, or county) (State) Feagaville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 30 Nov. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck	
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 5 1955

RECEIVED

10828

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 Frederick</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Frederick 11</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 Fred. Mem. Hosp.</u>		STREET ADDRESS (If rural give location) <u>627 Grant Place 1</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Lola</u>	(Middle) <u>E</u>	(Last) <u>Slifer</u>	DATE OF DEATH: <u>Nov. 11 1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>12-24-1878</u>
9. AGE last birthday: <u>76</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life): <u>retired wife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>own home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.</u>	
13. FATHER'S NAME: <u>Charles F. M. Willard</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Frances Bowler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>none</u>	
17. INFORMANT & ADDRESS: <u>627 Grant Place, Mrs. William Saver, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>			<u>6 hours</u>
ANTECEDENT CAUSE (B) <u>Arterio sclerosis coronary</u>			<u>7 years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>arterio</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 1</u> , 1953, to <u>Nov. 11</u> , 1955 that I last saw the deceased alive on <u>Nov. 11</u> , 1955, and that death occurred at <u>9:55 AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>Bernard O. Thomas Jr.</u>		ADDRESS <u>Frederick Md</u> DATE SIGNED <u>Nov. 11, 1955</u>	
M. D. <u>Frederick Md</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-13-55</u>	
NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-11-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>Gladhill Co., Middletown, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 14 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10822

File # 189 11-21-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 10853

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md.</u>		COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 TOWN <u>FREDERICK</u>				TOWN <u>Union Bridge-RURAL</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
69 <u>Frederick Mem. Hospital</u>				06X-2			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Donald W. Stitely</u>				<u>Nov 12 1955</u>			
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH: <u>Oct 14 - 1903</u>	
9. AGE last birthday <u>52</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>TRUCK DRIVER - Western Md.</u>		11. BIRTHPLACE (State or foreign country): <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>DAVID W. STITELY</u>				14. MOTHER'S MAIDEN NAME: <u>GRACE GERHARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>212-14-2493</u>		17. INFORMANT & ADDRESS: <u>Alice Stitely Union Bridge Md</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
200.0 IMMEDIATE CAUSE (A) <u>Reticulum Cell Sarcoma</u>				<u>1 yr 8 mo</u>			
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>54</u> , to <u>Nov 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 12</u> , 19 <u>55</u> , and that death occurred at <u>12 45 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V Chase</u>				ADDRESS <u>M. D. 45 Church St Frederick</u>		DATE SIGNED <u>11/12/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov 15 - 1955</u>		<u>Intertemp Cem</u>		<u>Workhorse Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>12 Nov. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecker</u>		FUNERAL DIRECTOR <u>W. H. Harty & Son</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1955

BUREAU V. 3

10830

10854

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 121

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN <u>Frederick</u>	<u>2 yrs.</u>	TOWN <u>Baltimore</u>	<u>3401-4</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural, give location)	
	<u>Park Place</u>	<u>5126 Wright Ave.</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Carl</u>	(Middle) <u>Franklin</u>	(Last) <u>Stoots</u>	(Month) <u>Nov</u> (Day) <u>4</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married June 3, 1919</u>	8. DATE OF BIRTH: <u>3 6</u> yrs.
9a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>FIREMAN-</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>B & O RR.</u>	9. AGE last birthday: <u>36</u> yrs.	11. BIRTHPLACE (State or foreign country): <u>Pulaski - VA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>John Stoots</u>		14. MOTHER'S MAIDEN NAME: <u>Emily Kane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>4</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>5126</u>	
		17. INFORMANT & ADDRESS: <u>MRS. OCIE STOOTS - WRIGHT</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
800X Immediate cause (a) <u>Fractured Skull</u>		<u>3 1/2 hours</u>
Antecedent cause(s) (b) <u>DUE TO</u>		
Diseases or conditions, if any, giving rise to the above cause (c) <u>DUE TO</u>		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: <u>11/4/55</u>		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Frederick Md</u>		21c. (City or town) (County) <u>Frederick Md</u> (State) <u>MD</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11 4 5:51 AM</u>		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumped from diesel engine</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE <u>B. L. Humes</u>		M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <u>11/4/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>11-8-55</u>		NAME OF CEMETERY OR CREMATORY <u>Pulaski Cemetery</u>	
LOCATION (City, town, or county) (State) <u>Pulaski - Virginia</u>		24. FUNERAL DIRECTOR <u>Edward J. Ruck</u>		ADDRESS <u>5305 N. 4th St.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 7 - 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecker</u>			

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

NOV 10 1955

RECEIVED

NOV 1955

10853

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>Rural - Mt. Airy</u>		<u>3 days</u>		TOWN <u>Rural - Mt. Airy</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 1 - Mt. Airy</u>				STREET ADDRESS (If rural give location) <u>Route 1 - Mt. Airy 2 mile west of Ridgeville</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>Mildred</u>		(Middle) <u>Louise</u>		(Last) <u>Tyler</u>	
4. DATE (Month) (Day) (Year)		OF DEATH: <u>Nov. 22 1955</u>					
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>	8. DATE OF BIRTH: <u>Nov. 19, 1955</u>	9. AGE last birthday: <u>—</u> yrs.	IF UNDER 1 YEAR: Months <u>3</u>	IF UNDER 24 HRS. Days <u>3</u>	Hours <u>—</u> Min. <u>—</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>—</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>George Edward Tyler, Jr.</u>				14. MOTHER'S MAIDEN NAME: <u>Minnie Lucille Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>9 —</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>—</u>		17. INFORMANT & ADDRESS: <u>Mrs. Lucille Williams</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
762.0 IMMEDIATE CAUSE		(A) <u>Pulmonary Atelectasis (probable)</u>				2 hrs.	
ANTECEDENT CAUSE (S)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
		(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 19, 1955</u> , to <u>Nov. 22, 1955</u> , that I last saw the deceased alive on <u>Nov. 22, 1955</u> , and that death occurred at <u>11 45 p.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>W.B. Culwell</u>		M. D. <u>Mt. Airy, Md.</u>		DATE SIGNED <u>Nov. 23, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>11-23-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		LOCATION (City, town, or county) (State) <u>Carroll Co Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 23, 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche A. Runkler</u>		24. FUNERAL DIRECTOR <u>Lo. M. Waltz</u>		ADDRESS <u>Winfield, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 28 1965

RECEIVED

10831

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (In this place) 3 wks.	GIVEN outside corporate limits, write RURAL and give nearest town) Unionville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital	STREET ADDRESS (If rural give location) Unionville		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Rhoda	(Middle) Wilt	(Year) Nov. 12, 1955	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 10-7-1877
9. AGE last birthday 78 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife		10B. KIND OF BUSINESS OR INDUSTRY: home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: David Bloom		14. MOTHER'S MAIDEN NAME: Helena Barber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS: Claude A. Wilt, Unionville, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 422.1			
ANTECEDENT CAUSE (S):			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) Cerebral Hemorrhage			3 wks.
DUE TO			
(B) Arteriosclerotic Cardiovascular Disease			? yrs.
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/23, 1955 , to 11/12, 1955 , that I last saw the deceased alive on 11/12, 1955 , and that death occurred at 5⁴⁰ A.M. from the causes and on the date stated above.			
SIGNATURE Henry V. Chase		DATE SIGNED 11/12/55	
ADDRESS 48 Church St. Frederick		M. D. 48 Church St. Frederick	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 11-15-1955	
NAME OF CEMETERY Linganore		LOCATION (City, town, or county) Unionville, Maryland	
24. FUNERAL DIRECTOR		ADDRESS	
REGISTRAR'S SIGNATURE Elizabeth G. Heck		C. M. Waltz, Winfield, Maryland	
DATE REC'D BY LOCAL REGISTRAR 15 Nov. 1955			

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

NOV 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
10854 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10857

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>Cover</u> (Last) <u>Yungling</u>	4. DATE OF DEATH (Month) <u>November</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3-1910</u>
9. AGE last birthday <u>45</u> yrs.		10. AGE last birthday If under 1 year: Months <u>4</u> Days <u>5</u> Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Wm Yungling</u>		14. MOTHER'S MAIDEN NAME <u>Lillie Cover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>218-07-8744</u>	
17. INFORMANT AND ADDRESS <u>Ether Yungling Thurmont MD</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
802X Immediate cause (a) <u>Fracture of skull, spine</u> Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <u>+ Crushed Chest</u> (c)		<u>Immediate</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>MD R.R.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov. 16, 55 7:31</u> m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
		HOW DID INJURY OCCUR? <u>Laying on W. Md R.R. track struck by engine</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>B. Thomas MD Deputy Medical Examiner</u>		ADDRESS <u>Frederick MD</u> DATE SIGNED <u>11/16/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Nov. 19.55</u>	
NAME OF CEMETERY OR CREMATORY <u>Bethel Church of God Cem.</u>		LOCATION (City, town, or county) (State) <u>Near Cascade MD</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche S. Eyles</u>	
24. FUNERAL DIRECTOR <u>M.L. Creager & Son</u>		ADDRESS <u>Thurmont. MD</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

44-3-1744

BUREAU V. S.

NOV 21 1955

RECEIVED